

Barker, using hospital journals and records to recover the experience of soldier patients—who turn out not to have shared the anguished alienation of the famous “literary cases”. Even richer clinical material surfaces in Bruna Bianchi’s fine account of Italian wartime experience, which combines a sense of what was distinctively Italian with interesting international comparisons. This important, scholarly, and beautifully-written chapter leads naturally into Marc Roudebush’s capable summary of his great, indispensable (and unpublished) thesis on the French in the War. Unfortunately, the quality of their work only highlights the weakness of Caroline Cox’s account of American policy towards veterans. There is some new material on the role of the American Legion, but Cox combines ignorance of the clinical literature with remarkable naivety about the underlying issues. She seems unaware that the “uniquely enlightened” policies of the Veterans’ Administration were in retrospect regarded as a complete disaster by the entire medical profession, including Abram Kardiner; or that there has been prolonged historical discussion of the distorting effects of generosity towards veterans on the American medical and welfare systems.

One small correction. The reason why the National Hospital, Queen Square, has no separate case files for “its best-known medic, the infamous Dr Yealland” (p. 217) is straightforward. He was not a Consultant, just a temporary houseman.

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David Wright, *Mental disability in Victorian England: the Earlswood Asylum, 1847–1901*, Oxford Historical Monographs, Oxford, Clarendon Press, 2001, pp. xii, 244, £40.00 (hardback 0-19-924639-4).

David Wright has already proved himself to be an eminently readable as well as

prolific writer. Alongside Anne Digby, Mathew Thomson, Mark Jackson and others, Wright has pioneered the application of new methodologies to open up the previously neglected history of people with learning difficulties. This important monograph provides a comprehensive summary of his contribution to this expanding historiography and gives a useful critique of current thinking on mental illness and mental disability issues. Wright seamlessly develops this narrative around the history of a unique institution in its Victorian heyday.

The foundation and early history of the Earlswood Asylum is presented in a series of carefully researched chapters, each with a wealth of information and its own insightful mini introduction and conclusion. The Earlswood Asylum is used as a case study to examine Victorian ideas about philanthropy, education, healthcare, class, gender and the limits of family care. The monograph will therefore appeal to the general as well as specialist reader and be an asset to many undergraduate courses.

David Wright is best known for his work on networks of care and control beyond the asylum and their relationship to institutional care. This theme is impressively dealt with in the monograph, which also innovatively addresses the role of health workers and the process of specialization and professionalization within the market for care. Asylum workers are rescued from the margins of existing studies and are shown to play a full role in the life of the institution as well as pursuing their own career aspirations. A careerist approach also tackles the role and motivations of the controversial figure of John Langdon Down who is neither simply lauded as a great medical man nor dismissed as a racist or eugenicist for his work on the classification of mental disability.

Wright tends towards an optimistic assessment of nineteenth-century asylum life and emphasizes its caring as well as

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custodial functions. This can lead to misleading comparisons with the twentieth century and the conclusion to *Mental disability in Victorian England* seems unduly pessimistic. Wright has clearly been influenced by the important work on the early twentieth century by Mark Jackson and Mathew Thomson but, although both stress the rise of eugenic ideologies and segregationist practices, neither has much to say about the voluntary institutions established in the nineteenth century. There is clearly no doubt that by 1900 the optimistic belief in the educational potential of idiot children that had led to the foundation of the Earlswood Asylum had been severely challenged by practical experience and eugenic rhetoric. Yet Wright's analysis suggests that each decade between 1840 and 1900 presented the institution with new challenges, constraints and also opportunities. There is no reason to believe that the Earlswood Asylum could not continue to provide a specialist model of care designed for a niche market. Wright himself identifies the late-nineteenth-century demand for short stay accommodation for patients who were younger, and wealthier, than the groups later targeted by the Mental Deficiency Acts. There is little evidence that this declined over time. My own work on another of the voluntary idiot asylums that explicitly copied the Earlswood model suggests that the complex motivations of the founders provided a problematic legacy for future institutional managers. Yet the voluntary idiot asylums continued to offer a model of care quite distinct from institutions established at a later date. The enduring legacy of the voluntary idiot asylums, and their influence over later care programmes, simply underlines the importance of Earlswood as a pioneering institution and Wright's thoughtful and comprehensive study.

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Allen Thiher, *Revels in madness: insanity in medicine and literature*, Corporealities: Discourses of Disability, Ann Arbor, University of Michigan Press, 2000, pp. 354, £36.00, US\$57.50 (0-472-11035-7).

Allen Thiher's *Revels in madness: insanity in medicine and literature* is a erudite study of insanity from Hippocrates to Marguerite Duras—in other words, a combination of medical history and literary criticism. A professor of French at the University of Missouri, who has written about literary theory, Thiher is well-read in the literature of several languages, and familiar with the classical texts of the history of psychiatry. He draws upon medicine, “for its theories and determinations of the causes of madness”; philosophy, “for its attempts to fix the boundaries of the rational and the irrational”; and literature, for “a form of knowledge that defines . . . the contours of the self and its relation to the world”. He is particularly interested in the places “where literature has contested medicine and where it has contributed to an era's knowledge of medicine”. He divides the book into two chronological parts (which stand independently): first the Greco-Roman world to the eighteenth century, and then the modern period from the invention of psychiatry to contemporary developments. In each chapter, he links a psychiatric category to a literary period—such as medieval folly; moral treatment and neoclassicism; early psychiatry and German Romanticism; psychoanalysis and modernism; post-Freudian psychoanalysis and the French avant-garde. The breadth of reference allows for original and interesting connections. He compares De Sade and Pinel, Rimbaud and Freud; he locates the origins of the stigmatization of mental illness in early Christian philosophy; he argues that there are large cycles in the general understanding of madness, with the Greek “experience of madness as a rupture in logos” as a “frequent cultural bedrock”.